

RACE HORSE OWNERS LIABILITY

COMPANY USE ONLY

Customer No. _____
 Producer Code: _____
 Auditable
 Other _____

- GREAT AMERICAN INS. CO. (01)
- AMERICAN NATIONAL FIRE INS. CO. (03)
- AMERICAN ALLIANCE INS. CO. (04)
- AGRICULTURAL INS. CO. (02)
- OTHER _____

***NOTE:**
 Coverage applies only to injury/damage caused by named horses.
 No premises coverage afforded.

(NOTE: This is not a Binder. Incomplete or unsigned applications will be returned for completion.)

PRODUCER	NAME AND ADDRESS (Include Zip Code)	PRODUCER CODE:
		AGENCY CODE:
		AGENCY PHONE NO.:
TRANSACTION	<input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> QUOTE <input type="checkbox"/> RENEWAL OF # <input type="checkbox"/> ISSUE	EFFECTIVE DATE: _____ to _____
		QUOTE DESIRED BY:
APPLICANT	NAME AND ADDRESS (Include County & Zip Code)	APPLICANT IS:
		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> ABSENTEE OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER
	PHONE NO. (_____) _____	

NAME OF HORSE	BREED	USE	PERCENTAGE OF OWNERSHIP	TRAINER
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

(Include supplemental schedule if necessary)

A. Are the horses scheduled above stabled on premises of a farm owned or leased by you? Yes No

B. If "Yes" to A, describe all facilities and uses including acreage

C. Do you have any involvement with training or breeding of horses? Yes No

Explain: _____

D. Does public trainer carry liability and workers' compensation? Yes No Are certificates provided? Yes No

LIABILITY LIMITS OCCURRENCE/AGGREGATE	\$300,000/\$600,000	\$500,000/\$1,000,000	\$1,000,000/\$2,000,000
No. Horses: 1-5	\$350 (\$500 in NC)	\$500	\$750
6-10	\$500	\$750	\$1,000
11-15	\$750	\$1,000	\$1,250
>15	Refer to Co.	Refer to Co.	Refer to Co.

IF YOU HAVE ANSWERED 'YES' TO 'C' ABOVE, THE RATES INDICATED ON BACK DO NOT APPLY. PLEASE SUBMIT THE PROPER APPLICATION FOR QUOTE.

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LOSS RECORD - 3 YEARS

COMPANY	POLICY NUMBER	DATE	NO. OF CLAIMS	LOSSES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Explain any Losses: _____

Have you been cancelled or non-renewed in the past 3 years? Yes No. If "Yes", Reason _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested - and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

The undersigned hereby applies for Insurance Coverage as set forth in this application, and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his knowledge true.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Date _____ Applicant's Signature _____